Mail Stop ISSUE FEE implete and send this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 SEP 1 2 2005 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. Allumenter correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for individual tentions. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) "Express Mail" Label No. EV680435209US Date of Deposit September 12, 2005 7590 06/14/2005 Licata & Tyrrell P.C. I hereby certify that this paper is being deposited with the 66 E. Main Street United States Postal Service "Express Mail Post Office Marlton, NJ 08053 to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents 09/14/2005 HDESTA2 00000016 10002653 Post Office Box 1450, Box Issue Fee, Alexandria, VA 22313-1450 1400.00 OP 01 FC:1501 36.00 OP 02 FC:8001 Typrell, Reg./No. 38,350 Typed Mame: Kathleen A. ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 2405 Ralph-Heiko Mattern INT-0004 10/002,653 10/19/2001 TITLE OF INVENTION: COLLAGEN/GLYCOSAMINOGLYCAN MATRIX STABLE TO STERILIZING BY ELECTRON BEAM RADIATION ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY \$1400 09/14/2005 nonprovisional NO \$1400 CLASS-SUBCLASS **EXAMINER** ART UNIT 424-423000 NAFF, DAVID M 1651 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Licata & Tyrrell P.C. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Integra LifeSciences Corporation Plainsboro, New Jersey Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): \$1,436.00 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Issue Fee Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-16 by (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above)

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Date September 12, 2005

38,350 Registration No.

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Typed or printed name

Kathleen Al Tyrrell

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